

**PATH**

Pathology IRB Approval Year: \_\_\_\_ - No.: \_\_\_\_ (Do not fill in – for pathology use only.)

**Columbia University  
Institutional Review Board (IRB)  
Anatomic Pathology Approval Form**

**Submit completed form for review/approval to Barros De La Hoz, Maria  
mb4832@cumc.columbia.edu , and cc Hanina Hibshoosh, M.D. [hhl1@columbia.edu](mailto:hhl1@columbia.edu)**

Date:

To: Director of Anatomic Pathology IRB Approval process:  
Hanina Hibshoosh, M.D., Professor of Pathology & Cell Biology at CUIMC  
(hhl1@columbia.edu); Vanderbilt Clinic 14<sup>th</sup> floor, Room 215

From (Principal Investigator):

Re (Project Title):

IRB protocol number:

Path IRB approval submitted by (Name of clinical coordinator, PI, other):

This request is for the collection and utilization of the following tissue sample(s) for the above-mentioned research study.

Type tissue(s)/diagnosis needed:

Amount of tissue needed and number of cases (define minimum acceptable):

Number of cases: \_\_\_\_\_

Number of slides per case: \_\_\_\_\_

Number of Blocks (only for studies where project collected specific research blocks):

\_\_\_\_\_

Operative procedure to collect tissue (e.g. operation, bronchoscopy, endoscopy):

Preparation of tissue for research (select one or more):

Fresh

Frozen

Fixed

Identifiable tissue requested (i.e. specific case numbers)?

Yes

No

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Pathologist involved in the study (if engaged in the research, pathologist must be added to the research team in Rascal):

Proposed workflow for determination of excess material not needed for diagnosis (e.g. existing Columbia tissue bank protocol, frozen section pathologist):

Additional comments:

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval from Department of Pathology

\_\_\_\_\_  
Date